

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 260425 (4)

1. Corporation Name

W & W LUMBER & BUILDING SUPPLIES INC



Principal Place of Business

16500 SW WARFIELD BLVD  
P.O. BOX 1  
INDIANTOWN FL 34956-7001

Mailing Address

16500 SW WARFIELD BLVD  
P.O. BOX 1  
INDIANTOWN FL 34956-7001

3. Date Incorporated or Qualified

06/28/1962

3a. Date of Last Report

04/27/1995

4. FEI Number

59-0994064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALL, IRIS  
16500 SW PALOMINO STREET  
INDIANTOWN FL 34956

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
GILLIAM, ALLEN RICHARD  
STREET ADDRESS  
15950 SW PALOMINO ST  
CITY-STATE-ZIP  
INDIANTOWN, FL 00000

TITLE ☐ DELETE

NAME  
WALL, IRIS  
STREET ADDRESS  
16500 SW PALOMINO ST  
CITY-STATE-ZIP  
INDIANTOWN, FL 33456

TITLE ☐ DELETE

NAME  
GILLIAM, LOIS TERRY  
STREET ADDRESS  
15950 SW PALOMINO ST  
CITY-STATE-ZIP  
INDIANTOWN, FL 00000

TITLE ☐ DELETE

NAME  
LAWRENCE, CAROLYN W  
STREET ADDRESS  
16200 SW MAPLE AVE.  
CITY-STATE-ZIP  
INDIANTOWN, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

☐ Change: ☐ Addition

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☐ Change: ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn W. Lawrence* CAROLYN W. LAWRENCE, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 407-597-3506

Date

Daytime Phone

CR2E034 (12/95)